

Reimbursement Policy: Computer-Assisted Surgical Navigation (Commercial, Medicare and Medicaid)

POLICY NUMBER	EFFECTIVE DATE:	APPROVED BY
RPC20210018	1/01/2022	RPC (Reimbursement Policy Committee)

Reimbursement Guideline Disclaimer: We have policies in place that reflect billing or claims payment processes unique to our health plans. Current billing and claims payment policies apply to all our products, unless otherwise noted. We will inform you of new policies or changes in policies through postings to the applicable Reimbursement Policies webpages on emblemhealth.com and connecticare.com. Further, we may announce additions and changes in our provider manual and/or provider newsletters which are available online and emailed to those with a current and accurate email address on file. The information presented in this policy is accurate and current as of the date of this publication.

The information provided in our policies is intended to serve only as a general reference resource for services described and is not intended to address every aspect of a reimbursement situation. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to, legislative mandates, physician or other provider contracts, the member's benefit coverage documents and/or other reimbursement, and medical or drug policies. Finally, this policy may not be implemented the same way on the different electronic claims processing systems in use due to programming or other constraints; however, we strive to minimize these variations.

We follow coding edits that are based on industry sources, including, but not limited to, CPT® guidelines from the American Medical Association, specialty organizations, and CMS including NCCI and MUE. In coding scenarios where there appears to be conflicts between sources, we will apply the edits we determine are appropriate. We use industry-standard claims editing software products when making decisions about appropriate claim editing practices. Upon request, we will provide an explanation of how we handle specific coding issues. If appropriate coding/billing guidelines or current reimbursement policies are not followed, we may deny the claim and/or recoup claim payment.

Policy Statement:

EmblemHealth/ConnectiCare do not provide additional reimbursement based upon the type of instruments, technique or approach used in a procedure. Such matters are left to the discretion of the surgeon.

Additional professional or technical reimbursement will not be made to hospitals, surgery centers and facilities for the use of a computer-assisted navigation device or other specialized operating room equipment. These items are a capital equipment expense for the facility and are not separately billable. Reimbursement for the use of such equipment is included in the Operating Room charges under revenue code 0360 or the facility fee for the base surgical procedure for ASC claims. Supplies related to the use of the robot are also disallowed.

Description:

Computer-assisted surgery (also referred to as surgical navigation or image guided surgery) provides surgeons with additional information and is used during procedures in which direct visibility is limited.

Navigation systems superimpose the location and orientation of a surgical probe, instrument, or implant on previously obtained images of the patient's anatomy. Imageless computer assisted surgery does not require pre-operative imaging scans such as computed tomography (CT) or magnetic resonance imaging (MRI) because all data are registered intraoperatively. Computer assisted surgical navigation has been used in neurosurgery, orthopedic surgery (arthroplasty) and sinus surgery.

Common components of these types of navigation systems include: a computer workstation, a tracking system and specific surgical instruments for the determined surgery.

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Computer assisted navigation generally involves three steps:

- **Data Acquisition:** Data can be acquired via fluoroscopic, CT or magnetic resonance imaging (MRI) guided, or imageless systems. This data is then used for registration and tracking.
- **Registration:** Registration refers to the ability of relating data (i.e., x-rays, CT, MRI or patient's 3-D anatomy) to the anatomical position in the surgical field. Registration techniques may require the placement of pins or "fiducial markers" in the target bone. A surface-matching technique can be used in which the shapes of the bone surface model generated from preoperative images are matched to surface data points collected during surgery.
- **Tracking:** Tracking refers to the sensors and measurement devices that can provide feedback during surgery regarding the orientation and relative position of tools to bone anatomy. *For example, optical or electromagnetic trackers can be attached to regular surgical tools, which can then provide real time information of the position and orientation of the tools' alignment with respect to the bony anatomy of interest (Swank and Lehnert, 2005).*

When used as an adjunct to arthroplasty, computer assisted navigation is presumed to prevent prosthesis misalignment thereby promoting joint stability and function.

Computer assisted stereotactic technology for cranial procedures, also known as neuro-navigation, combines preoperative imaging with navigational computer software to localize surgical targets. The goal of neuro-navigation is to facilitate presurgical planning and to provide intraoperative guidance to the surgeon.

EXAMPLES

Examples of computer-assisted surgical navigation systems include:

Note: This is not an all-inclusive list. The use of specific product names is illustrative only. It is not intended to be a recommendation of one product over another

- ADAPT for Gamma3 Locking Nail System (formerly FluoroMap)
- BrainLab AG Vector Vision fluoro3D
- CAS-One Liver System
- Ci Knee/Ci Hip Image Guided Surgery Systems
- DePuy CAS Knee Instrumentation
- Explorer Liver-Passive Tracking System
- iASSIST Knee System
- InstaTrak 3500 Plus System
- NAVIO ◇ Surgical System
- Navitrack System
- NaviVision
- OrthoMap 3D Module
- Orthopilot Next Generation
- Pari-Path Surgical Navigation System
- PiGalileo Navigation System

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- PROFESS
- Rio™ Robotic Arm Interactive Orthopedic System (MAKOplasty®)
- SonoWand Invite System StealthStation® System
- Surgetics Ortho Kneelogics Navigation System
- UNI KNEE SURGETICS Navigation System
- Vector Vision fluoro3D
- Zimmer NexGen CR-Flex, for knee replacement
- Zimmer Ortho Guidance Systems

Reimbursement Guidelines

No additional professional or technical (facility) reimbursement will be made when a surgical procedure is performed using any type of computer assisted navigation (CAN) system (whether or not the make or model is specifically named in this policy). Computer assisted navigation is considered integral to the primary procedure and is, therefore, not separately reimbursable.

- Separate reimbursement is not allowed for the CAN surgical technique, whether reported under listed codes, an unlisted procedure code, or another code.
- If the surgical procedure itself is reported with an unlisted code due to the use of a CAN, the unlisted code will be denied.
- Use of Modifier 22 is not appropriate if the sole use of the modifier is to report and bill for the use of computer assisted navigation. Modifier 22 may be used to report unusual complications or complexities which occurred during the surgical procedure that are unrelated to the use of the navigation assistance system.
- It is not appropriate to report the use of a computer assisted navigation system as a “surgical assistant” or an “assistant surgeon” with modifier -80, -81, -82, or –AS.

Reimbursement for procedures in which a computer assisted surgical navigation system is used will be based on the contracted rate or usual and customary fee or maximum reimbursable charge for the base procedure. Separate reimbursement is not allowed for the computer assisted surgical navigation technique. Reimbursement for the base procedure may be subject to medical necessity review.

Applicable CPT Codes

Note: The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services

CPT Code	Description
0054T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)

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CPT Code	Description
0055T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT/MRI images (List separately in addition to code for primary procedure)
20985*	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure) *Payable under Medicare Advantage plans only

Modifiers:

Modifier	Description
22	Increased Procedural Services
80	Assistant Surgeon
81	Minimum Assistant Surgeon
82	Assistant Surgeon (when qualified resident surgeon not available)
AS	Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery

References:

- Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
- NY State Department of Medicaid
- American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
- Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

Revision History

Company(ies)	DATE	REVISION
EmblemHealth ConnectiCare		<ul style="list-style-type: none"> New Policy